

<b>MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET</b> <small>(FOR USE WITH FORM PTO-875)</small>							<small>SERIAL NO.</small> 	<small>FILING DATE</small> 					
							<small>APPLICANT(S)</small> <b>09/869176</b>						
<b>CLAIMS</b>													
	<small>AS FILED</small>		<small>AFTER 1st AMENDMENT</small>		<small>AFTER 2nd AMENDMENT</small>								
	<small>IND.</small>	<small>DEP.</small>	<small>IND.</small>	<small>DEP.</small>	<small>IND.</small>	<small>DEP.</small>		<small>IND.</small>	<small>DEP.</small>	<small>IND.</small>	<small>DEP.</small>	<small>IND.</small>	<small>DEP.</small>
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48							98						
49							99						
50							100						
TOTAL							TOTAL						
TOTAL							IND.						
TOTAL							DEP.						
TOTAL							CLAIMS						

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\*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

U.S. DEPARTMENT of COMMERCE  
Patent and Trademark Office